

what to do and when to transfer. I know my patients have been taken care of up until the minute I arrive, and at the end of the day I leave without feeling like I've left any loose ends. There are very competent people taking very good care of my patients."

Communication. The need to communicate widely, effectively, and efficiently has proven critical from the early days when Calgary's hospitalist model was first conceived until the present. Despite every best effort to communicate fully with the CRHA, physicians, and other caregivers before and during the program's implementation, the transition to the new program was still frenzied and not without hiccups. It took time, for instance, to get the local medical staff association onside. "Given another chance, I would strive to introduce standards of care earlier and would work harder to bring nursing onside," says Dr Tink. (Although senior nursing personnel were involved in the program's design, the nurses working at the unit level alongside hospitalists were not.) "The one thing we would do differently is that we assumed all the physicians would record their patients' histories and physicals and compose transfer notes the same way. They don't. I would put more emphasis on documentation notes during orientation."

Continuity of care. Barriers to communication and potential problems with continuity of care are ever-threatening, so the hospitalists work meticulously to notify family physicians when one of their patients is admitted and to fax them a discharge letter when they leave. Hospitalists find their primary care perspective helps them understand community family physicians' information needs, suggests Dr Enns. Feedback has been very good. Phone calls to family doctors to talk about patients also provide a two-way flow of information. Sometimes a seemingly minor piece of information from a family physician can turn out to be "a gem of knowledge," with important implications for a patient's care.

Although the Peter Lougheed program works very well for patients with a designated community physician, its Achilles' heel is ensuring continuity of care for patients who do not have a designated family doctor. Hospitalists try to link patients with doctors taking on new patients, but this is not always easy, because Calgary has a serious shortage of family doctors.

Patients. One hospital inpatient, explains Dr Bergman, had six different specialists looking after her lymphoma, infection, respiratory concerns, postsurgical complaints, depression, and general medical needs. After having her usual roller-coaster ride of hearing each one in turn describe how well or badly she was doing from their perspective, she requested firmly that they get together outside, elect a spokesperson, and have that one individual come in and tell her how she was doing. Family physicians have shown they have the ideal skills to coordinate a patient's multisystem problems, she argues.

Conclusion

Calgary's hospitalist model is still evolving, but it has shown it can not only survive but thrive, that family physicians can fulfil a need and undertake an important role in hospital care without losing their primary care perspective. In a perfect world it would be ideal to have family doctors continue to see patients in the community, in the hospital, and back in the community, points out Dr Tink. This program was the best way to meet the needs of these patients in an era where we do not have family physicians, for many reasons, who choose to do this kind of work.

The service need that arose in Calgary and that was the driver for this program should be seen as a wake-up call, stresses Dr Bergman. "We need to change the drivers so that we don't drive family physicians out of hospitals."

—Calgary, Alta

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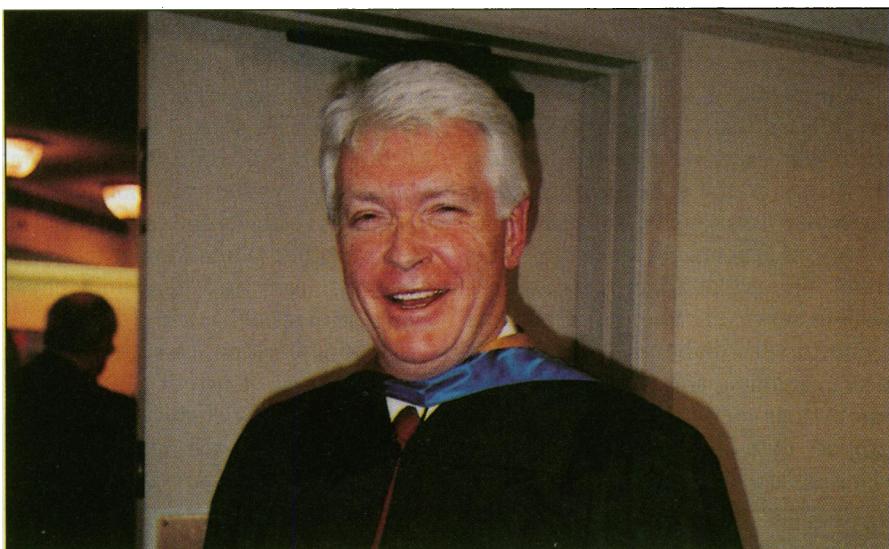
Faith: what role does it play in medicine?

Barbara Kermode-Scott

Whenever doctors get together at meetings, they start talking about what they are thinking about. In recent years, the hot topics for physicians, both on formal agendas and during informal coffee break discussions, have been reforms, cutbacks, physician and nurse shortages, fee negotiations, fatigue, depression, and burnout. At the College's Annual Scientific Assembly in Victoria, BC, in May, many family doctors were raising another issue: spirituality.

Ordinarily spirituality is somewhat taboo. Twentieth-century medicine has tended to focus on healing the body while leaving healing the spirit or soul to religious leaders. It is hard to say why the mind-body-spirit connection was on people's minds in Victoria. Perhaps it was partly because more and more doctors are wondering about the role of spiritual beliefs and practices in enhancing health and well-being. Perhaps it was partly because the keynote speaker in Victoria was renowned Native artist Roy Henry Vickers. Vickers openly talked of his own spiritual journey and started many doctors here thinking about their own beliefs. Whatever the reason, spirituality was on people's minds and tongues.

Canada's Family Physician of the Year for 1999, Dr Vania Jimenez-Sigouin, sees patients from many cultures and faiths in her practice. She feels it is very important to listen to their stories and respect their beliefs. "We're often ashamed to talk about spirituality," she says. "People think we're weird if we discuss it. It's so fragile that you can easily slip into saying the wrong thing. Yet everything that we do has to do with spirituality. We're talking about all the basic values of Christianity and of all the big religions as well, and about peace, love, and



Spirituality is important in healing: Dr Peter Newbery sees patients' spirituality allowing them a wider view of their lives.

healing. The trouble is that we shy away from acknowledging that sometimes with patients."

From the priest-physicians of ancient Egypt to the monk healers of the Middle Ages and the shamans of today, a strong, centuries-old, and international tradition mixes medicine and spirituality. Many healers in many cultures have been and are still both spiritual and physical advisers, caring for their patients' bodies and souls. Yet in Canada very few family physicians are also ordained chaplains, priests, or monks, or vice versa. College President Dr Peter Newbery is an exception. He was a minister of the United Church from 1966 to 1973 before entering family medicine. His faith in the importance of spiritual health helps him in his own life and in his work as a family doctor.

"I do believe that spirituality is important in healing.... It's a gift much underused," says Dr Newbery, a family physician in Hazelton, BC, and Director of the United Church Health Services. "Depending on the person and [his or her] point in life, spirituality may have to do with a sense of meaning and purpose, with connectedness with the world of nature, the wider world of society, or one's culture, or it may have to do with the

'spiritual' world. The main thing is that touching the spiritual gives one a sense of connectedness, purpose, and perspective beyond the everyday. It can help patients to see their lives in a wider view, beyond the constricting boundaries that illness and fear can place on one's life. An active spiritual life, whether one meditates, prays, or communes with nature, brings a sense of freedom and restores a sense of control that is important to the healing process. It provides patients with a way of addressing injury, illness, and recovery with hope, and it restores energy."

When he was growing up, Dr Newbery developed his own spiritual beliefs while observing two very special role models. On April 20, 1989, his parents, Andrina and J.W. Edward Newbery, each received the Companion of the Order of Canada for demonstrating "spiritual, cultural, and practical support to Natives, non-Natives, foreign students, and others, with open-hearted generosity and an intense faith in humankind."

As the Director of United Church Health Services, Dr Newbery has been able to combine his love of medicine and his dedication to his religion. Living and working in a remote part of northern British Columbia, he

depends on his fundamental values and the joy of listening to patients' stories to keep him going day to day. "If one is empathetic and listens with an open ear, eventually people will share an awful lot of their story," he explains. "It's almost a sacred moment as cares and concerns and worries and triumphs and successes also unfold."

ample and successes also abound.

Dr Don Butt, a former Canadian Family Physician of the Year, also firmly believes in the mind-body-spirit connection in healing. "I've always felt in my own practice that a human being is like a three-legged stool, part physical, mental, and spiritual," he says. "[In family medicine] we sometimes forget about the spiritual."

—Victoria, BC

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La foi: quel rôle joue-t-elle en médecine?

Barbara Kermode-Scott

Chaque fois que des médecins se rencontrent, ils commencent à parler de ce qui les préoccupent. Récemment, au nombre des sujets brûlants d'actualité pour les médecins, tant dans les ordres du jour officiels que durant les conversations informelles de la pause café, figuraient les réformes, les coupures, la pénurie de médecins et d'infirmières, la négociation des honoraires, le surmenage, la dépression et l'épuisement professionnel. À l'occasion de l'Assemblée scientifique annuelle du Collège en mai, à Victoria en Colombie-Britannique, plusieurs médecins de famille soulevaient une autre question: la spiritualité.

Habituellement, la spiritualité est un sujet presque tabou. La médecine du 20^e siècle a eu tendance à se concentrer sur la guérison du corps et à laisser aux dirigeants religieux le soin de s'occuper de l'âme et de l'esprit. Il est difficile de dire pourquoi la connexion entre l'esprit, le corps et l'âme faisait l'objet des réflexions à Victoria. C'est peut-être attribuable en partie au fait que de plus en plus de médecins se posent des questions sur le rôle qu'exercent les croyances et les pratiques spirituelles pour favoriser la santé et le bien-être. C'est peut-être aussi en raison du conférencier principal à Victoria, l'artiste autochtone Roy Henry Vickers. Ce dernier a ouvertement parlé de son cheminement spirituel et a suscité chez plusieurs médecins des réflexions à propos de leurs propres croyances. Quelle que soit la raison, la spiritualité occupait les pensées et les propos des personnes présentes.

Le Médecin de famille de l'année 1999, Dr Vania Jimenez-Sigouin, soigne dans le contexte de sa pratique des patients de cultures et de croyances religieuses variées. Elle est d'avis qu'il est très important d'écouter leur histoire et de respecter leurs convictions. « Nous sommes souvent mal à l'aise de parler de spiritualité. Les gens pensent que nous sommes bizarres si nous en

discutons. C'est un sujet tellement délicat qu'il est facile de laisser échapper un commentaire déplacé. Et pourtant, tout ce que nous faisons a trait à la spiritualité. Nous parlons ici des valeurs fondamentales du christianisme et de toutes les autres grandes religions; nous parlons de paix, d'amour et de guérison. Le problème, c'est notre gêne à le reconnaître parfois devant les patients. »

Des médecins-prêtres de l'Égypte antique, aux moines guérisseurs du Moyen Âge jusqu'aux chamans contemporains, il se poursuit une solide tradition internationale, vieille de plusieurs siècles, de fondre intimement la médecine et la spiritualité. De nombreux guérisseurs de plusieurs cultures ont combiné et continuent de réunir le rôle de conseillers à la fois spirituels et physiques, et de soigner autant le corps que l'âme de leurs patients. Pourtant, rares sont les médecins de famille au Canada qui sont aussi ordonnés aumôniers, prêtres ou moines, ou vice versa. Le président du Collège, Dr Peter Newberry, fait exception à la règle. Il était ministre de l'Église unie de 1966 à 1973 avant de commencer ses études en médecine familiale. Sa conviction à l'égard de l'importance de la santé spirituelle l'a aidé dans sa vie privée et dans son travail comme médecin de famille.

« Je crois effectivement que la spiritualité est importante dans la guérison... C'est un don qui n'est pas suffisamment utilisé, explique Dr Newberry, médecin de famille à Hazelton, en Colombie-Britannique, et directeur des United Church Health Services. Selon la personne et le cheminement parcouru dans sa vie, la spiritualité peut apporter un sens de but bien précis, faisant un lien avec le monde de la nature, le monde plus large de la société et sa propre culture ou encore elle peut être une question de «monde spirituel» tout simplement. L'important, c'est que le fait de toucher à la spiritualité procure un sens de connexion et de but, et une perspective qui va bien au-delà du quotidien. Cette dimension permet aux patients de voir leur vie sous un angle plus large et de dépasser les limites

contraignantes qu'imposent la peur et la maladie dans la vie. Une vie spirituelle active, qu'il s'agisse de méditer, de prier ou de communiquer avec la nature, donne un sentiment de liberté et fait renaître un sentiment de maîtrise qui est si important dans la guérison. Elle offre aux patients une façon de faire face aux blessures, à la maladie et à la convalescence avec espoir, et elle redonne de l'énergie. »

Dans sa jeunesse, Dr Newberry a pu approfondir ses propres convictions spirituelles en observant deux modèles très spéciaux. Le 20 avril 1989, ses parents, Andrina et J.W. Edward Newberry, étaient respectivement nommés Compagnons de l'Ordre du Canada pour avoir manifesté «un soutien spirituel, culturel et pratique aux Autochtones, aux non-Autochtones, aux étudiants étrangers et à d'autres, avec une générosité débordante et une foi intense en l'être humain. »

À titre de directeur des United Church Health Services, Dr Newberry a pu rallier son amour de la médecine à son dévouement envers sa religion. Il vit et travaille dans une région éloignée au nord de la Colombie-Britannique. Il doit s'inspirer de ses valeurs fondamentales et de sa joie à écouter les histoires de ses patients pour continuer jour après jour. « Si nous écoutons attentivement et démontrons notre empathie, éventuellement, les gens partagent avec nous une part considérable de leur histoire. C'est presque un moment sacré lorsque défilent ensemble les soins, les préoccupations, les inquiétudes, les réussites et les triomphes. »

Dr Don Butt, un ancien Médecin de famille de l'année, croit aussi fermement au lien de l'esprit, du corps et de l'âme dans la guérison. « J'ai toujours imaginé dans ma pratique que l'être humain est comme un tabouret à trois pattes, en partie physique, en partie mental et en partie spirituel. [En pratique familiale], nous oublions parfois le côté spirituel. »

— Victoria, Colombie-Britannique

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